



# Checklist and Payment Card for Continuing Education Course/Provider

 **Complete payment card and detach.** Paperclip card and check to the front of your completed application.

 **Include TWO COPIES of application and supporting documentation.** Enclose payment and **ONE Payment Card**, properly completed. We cannot process your application without these items.

## ALL APPLICATIONS for COURSE APPROVAL must include ONE ORIGINAL AND ONE COMPLETE COPY of the following:

- ☐ Properly completed and signed Form FIS 0406 Application for Continuing Education Course/Provider Approval
  - ☐ Sample of Certificate of Completion
  - ☐ Summary of course purpose/objectives
  - ☐ Table of Contents with page allocations for self-study programs
  - ☐ Content outline with time allocated to each detailed segment
  - ☐ Sample promotional materials
  - ☐ Bibliography
  - ☐ Instructor criteria for classroom
  - ☐ Test security procedures for self-study
- ☐ One (1) Payment Card (cut from the bottom of this sheet) *properly completed* and accompanied by check for total amount of fees due (*see examples at right*)

**MULTIPLE COURSES: USE ONE PAYMENT CARD AND WRITE ONE CHECK FOR ALL APPLICATIONS ENCLOSED.**

Use this address for your application filing and all Continuing Education correspondence:

**Promissor-Michigan CE  
P.O. Box 8588  
Philadelphia, PA 19101-8588**

*Failure to use this address will delay processing of your application*

## PAYMENT CARD EXAMPLES:

**Example 1- Initial provider application (provider has not been approved in Michigan yet). Provider in this example is submitting one course for approval.**

| Quantity                  | Fee   | Fee Amount      | Extension        |
|---------------------------|---|-----------------|------------------|
| 1                         | <b>Provider authorization fee</b><br>One time fee for each provider | <b>\$500.00</b> | 500.00           |
| 1                         | <b>Course filing fee</b><br>Non-refundable fee for each course      | <b>\$25.00</b>  | 25.00            |
| <b>EXAMPLE AMOUNT DUE</b> |   |                 | <b>\$ 525.00</b> |

**Example 2- Application for 8 new courses (provider is approved in Michigan). Provider must include 8 separate FIS 0406 Application for Continuing Ed. Course/Provider forms (one for each course).**

| Quantity                  | Fee   | Fee Amount      | Extension        |
|---------------------------|---|-----------------|------------------|
| 0                         | <b>Provider authorization fee</b><br>One time fee for each provider | <b>\$500.00</b> | 0                |
| 8                         | <b>Course filing fee</b><br>Non-refundable fee for each course      | <b>\$25.00</b>  | 200.00           |
| <b>EXAMPLE AMOUNT DUE</b> |   |                 | <b>\$ 200.00</b> |

**Please cut here. Keep top checklist for your records. Complete and return payment card with application and payment.**

FIS 0407 (11/02) Send directly to: **Promissor - Michigan CE PO Box 8588 Philadelphia PA 19101-8588**

### Payment Card for Continuing Education Provider/Course

*Please complete and include this card so we can process your application without delay.*

Continuing Education Provider Name

**81-15**

Federal Emp. I.D. No. (SSN if individual) Use same number entered on your application

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### Make check payable to: Promissor

| Quantity   | Fee   | Fee Amount      | Extension |
|--|---|-----------------|-----------|
|  | <b>Provider authorization fee</b><br>One time fee for each provider | <b>\$500.00</b> |           |
|  | <b>Course filing fee</b><br>Non-refundable fee for each course      | <b>\$25.00</b>  |           |
| <b>TOTAL AMOUNT DUE</b><br>Enclose check or money order payable in US Dollars. Do not send cash. |   |                 | <b>\$</b> |

Please do not write below this point, or on back of card. Doing so could delay processing.